

Name of PEO

STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

PROFESSIONAL EMPLOYER ORGANIZATIONS

Mailing Address P.O. Box 5757 Columbia, SC 29250-5246 <u>S.C. Code Ann.</u> § 40-68-10 <u>et seq.</u> <u>www.scconsumer.gov</u> (803) 734-4200

Street Address 3600 Forest Drive Columbia, SC 29204-4006

CLIENT COMPANY LIST

(Please type or print in black ink)

If filling in the form electronically, copy and paste the table as many times as needed onto subsequent pages. If filling in by hand, make as many copies of the second page as needed. This information may also be provided in a report that you generate, provided that all of the information requested in the table below is included.

EO Group				Date				
Client Company				FEIN				
Contact Person								
Mailing Address								
City		State			Zip			
Telephone Number		Fax N	umber					
Number of Assigned Employees	Date Relationship Initiated	·		Workers' C Business Class				
Workers' Compensation Carrier/Policy #	ers' Compensation			Health Insurance Carrier/Policy #				
Client Company			FEIN					
Contact Person								
Mailing Address								
City		State			Zip			
Telephone Number		Fax N	umber					
Number of Assigned Employees	Date Relationship Initiated			Workers' Compensation Business Classification Code				
Workers' Compensation Carrier/Policy #	ers' Compensation		Health Insurance Carrier/Policy #					
Client Company			FEIN					
Contact Person								
Mailing Address								
City		State			Zip			
Telephone Number			umber					
Number of Assigned Employees	Date Relationship Initiated	T d. Turinor		Workers' Compensation Business Classification Code				
Workers' Compensation Carrier/Policy #			Health Insurance Carrier/Policy #					

Client Company					FEIN				
Contact Person									
Mailing Address									
City			State	е		Zip			
Telephone Number			Fax	Number					
Number of		Date			Worker	s' Compens	ation		
Assigned Employees		Relationship Initiated				Classificatio			
Workers' Compensa	ition		Health Insurance						
Carrier/Policy #				Carrier	/Policy #				
Client Company					FEIN				
Contact Person									
Mailing Address									
City			State	е					
Telephone Number			Fax	Number					
Number of		Date	,	<u>'</u>	Workers' Compensation				
Assigned Employees		Relationship Initiated			Business Classification Code				
Workers Compensa	tion			Health	Insurance				
Carrier/Policy #									
Client Company					FEIN				
Contact Person									
Mailing Address									
City	Sta			e		Zip			
Telephone Number			Fax	Number					
Number of		Date			Worker	s' Compens	ation		
Assigned Employees		Relationship Initiated			Business	Classificatio	on Code		
Workers' Compensation					Health Insurance				
Carrier/Policy #	cy # Carrier/Policy #								
Client Company					FEIN				
Contact Person									
Mailing Address					T				
City			State	е		Zip			
Telephone Number			Fax	Number					
Number of Assigned		Date Relationship			Worker	s' Compens	ation		
Employees		Initiated			Business	Classificatio	on Code		
Workers' Compensa	npensation				Health Insurance				
Carrier/Policy #	:			Carrier	/Policy #				
Client Company					FEIN				
Contact Person									
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Mailing Address									
Mailing Address City			State	е		Zip			
City Telephone Number				e Number		Zip			
City Telephone Number Number of		Date Polationship			Worker	Zip s' Compens	ation		
City Telephone Number		Date Relationship Initiated							
City Telephone Number Number of Assigned		Relationship		Number Health		s' Compens			